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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

25

Application Number 10/616,602 Filing Date **JULY 10, 2003** First Named Inventor **DWIGHT MARCUS** Art Unit 2172 **Examiner Name** Shahid Al Alam Attorney Docket Number 67024/NPOWR

ENCLOSURES (Check all that apply)								
		E	NULUSU	KES (Check all	tnat apply)			
Fee Transmitt	tal Form		Drawing(s)			After Allowance Communication to TC	
Fee A	ttached		icensing-	related Papers			Appeal Communication to Board of Appeals and Interferences	
Amendment / Reply		F	Petition				Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
Afte	r Final			Convert to a			Proprietary Information	
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address			dress		Status Letter	
Extension of Time Request		Terminal Disclaimer			\boxtimes	Other Enclosure(s) (please identify below):		
Express Abandonment Request		Request for Refund				RETURN POSTCARD		
Information Disclosure Statement		CD, Number of CD(s)			_			
Information Disclosure Statement		Landscape Table on CD						
Certified Copy of Priority								
Document(s)		Remark	s					
Response to Missing Parts/		This is a divisional reissues Application. CUSTOMER NO. 24201						
Incomplete Application								
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37 CFR 1.52 or 1.53								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm Name Fullyride Potton LLP								
Signature What Preference						en .		
Printed name	Gilbert G. Kovelman							
Date	Reg. No.			19,55	22			
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Complete Annualistant Annualistant Act 2005 /H P. 4940.	Complete if Known				
iees pursuant to the Consolidated Appropriatons Act, 2005 (H.R. 4818).	Application Number	10/616,602			
FEE TRANSMITTAL	Filing Date	July 10, 2003			
for FY 2006	First Named Inventor	Dwight Marcus			
	Examiner Name	Shahid Al Alam			
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2172			

\$510.00 Attorney Docket No. 67024/NPOWR

METHOD OF PAYMENT (check all that apply) Check										
Check Credit Card Money Order None Other (please identify):										
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Deposit Deposit Account Number: 06-2425 Deposit Account Name: Fulwider Patton LL	<u>P</u>									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee										
Charge any additional fee(s) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17										
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity										
Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$)	<u>3)</u>									
Utility 300 150 500 250 200 100										
Design 200 100 100 50 130 65										
Plant 200 100 300 150 160 80										
Reissue 300 150 500 250 600 300										
Provisional 200 100 0 0 0 0										
2. EXCESS CLAIM FEES Small	Entity									
Fee Description Fee (\$) Fee										
Each claim over 20 (including Reissues) 50 25										
Each independent claim over 3 (including Reissues) 200 100										
Multiple dependent claims 360 180										
Multiple Dependent Cla Total Claims										
	7 (4)									
7 - 20 or HP = 0 x \$25.00 = \$0.00 HP = highest number of total claims paid for, if greater than 20.										
Indep. Claims										
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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Pa										
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4. OTHER FEE(S) Non-English specification. \$130 fee (no small entity discount)										
Non-English specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 3-Month Extension of Time Fee \$510.00										
SUBMITTED BY	—									

Registration No. (Attorney/Agent) Signature 19,552 Telephone 310/824-5555 Gilbert G. Kovelman Name (Print/Type) July 27, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.